



registration form

Please Print

1 Full Name (First, MI, Last, Suffix) _____

E-Mail _____

Company Name _____

Address (Home or Work) _____

City, State, ZIP _____

Daytime Phone (_____) _____ Fax (_____) _____

2

Fee

The seminar fee of \$495 per person includes text book, instruction work book, and all class materials. Confirmation will be sent upon receipt of your registration.

5

Preferred Means of Communication

Please continue to send MistakeProofing.net information by (check all that apply):

Mail E-Mail Fax

3

Payment

Check Enclosed, payable to MistakeProofing.net

Charge to: Visa / MasterCard

Card # _____ Exp _____

Name on Card (print) _____

Bill Company

PO # _____

Billing Address _____

6

Easy Ways to Register

Mail Complete the registration form and mail with payment made payable to: MistakeProofing.Net

2119 Rains Street

Murphysboro, Illinois 62966

Phone 618-967-0016

Fax 312-212-4086

Web www.mistakeproofing.net

4

Information

Class Location _____

Class Date _____

*

Special Accommodation

If you will need special accommodations, please mark the box above and a member of the staff will contact you.

REGISTER ON-LINE

www.mistakeproofing.net